



EUROQOL EQ-5D

Form Identification					
PD SURG Trial No.	Patient Initials				
S <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Date Completed				
Date Received				
Date Entered				
Baseline	1yr	3yr	5yr	7yr	9yr

By placing a tick in one box in each group below, please indicate which statement best describes your own health state today.

Do not tick more than one box in each group.

Mobility

- I have no problems walking about
- I have some problems in walking about
- I am confined to bed

Self-care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

Usual activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

Pain/Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

Anxiety/Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

Please turn over for the final question.

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked by 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is.

**Your own
health state
today**

**Best
imaginable
health state**

100

90

80

70

60

50

40

30

20

10

0

**Worst
imaginable
health state**